

OCT 06 2005

Customized Form PTO/SB/97 (09-04)

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8	Application #	09/622,199
	Confirmation #	8229
	Filing Date	31 May 2001
	First Inventor	SCHWARTZ
	Art Unit	1625
	Examiner	Seaman
	Docket #	P06853US00/BAS

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office [to the centralized facsimile number of (571-273-8300) on the below identified date.

[Note: This form applies only to the facsimile transmission of the attached correspondence related to the above identified application.]

Date: October 6, 2005

By: 
Name: B. Aaron Schulman
Registration No.: 31,877

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214LT:4997:21693:1:ALEXANDRIA

OCT 06 2005

Customized PTO/SB/21 (12-04)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	09/622,199
	Confirmation #	8229
	Filing Date	31 May 2001
	First Inventor	SCHWARTZ
	Art Unit	1625
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Total number of pages in this submission =		Docket # P06853US00/BAS

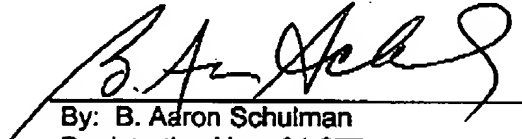
ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> including Attachments <input type="checkbox"/> After Final Amendment/Reply <input type="checkbox"/> including Attachment(s) <input type="checkbox"/> Extension of Time Petition <input checked="" type="checkbox"/> Appendixes 1, 2 and 3	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Copy of the Interview Summary dated 9/8/05 <input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	38	63	0	X \$ 50 =	0
<input checked="" type="checkbox"/> INDEPENDENT CLAIMS	1	- 3	0	X \$ 200 =	0
TOTAL OF ABOVE CLAIMS FEES =					
<input type="checkbox"/> Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					
<input type="checkbox"/> Fee for extension of time (per attached Petition)					
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					

☐ A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$ is enclosed.

- ☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:
- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
- (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: October 6, 2005


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